PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Absorber Virginia 22313-1450

			or <u>Fax</u>	(571)-273-2885	giiia 22	2313-1430	
INSTRUCTIONS: Thi appropriate. All further indicated unless correct maintenance fee notific	s form should be used correspondence includi- ted below or directed of ations.	for transmitting the ISI ng the Patent, advance herwise in Block I, by	SUE FEE and PUBLIC orders and notification (a) specifying a new c	ATION FEE (if re- of maintenance fees orrespondence addre	quired). B s will be r ss; and/or	locks 1 through 5 s nailed to the current (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPON	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
41552	Certificate of Mailing or Transmission						
MCDERMOT 11682 EL CAM SUITE 400		thereby certify that this Fee(s) Transmittal is being deposited with the United States Feetal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, an edge facsimile transmitted to the USF 10-(\$71) 273-2885, on the data-indicated below.					
SAN DIEGO, O		(Depositor's name)					
	(Signature)						
							(Outs)
APPLICATION NO.	FILING DATE	-	FIRST NAMED INVEN	ror	ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.
09/724,898 TITLE OF INVENTION	11/28/2000 N: MULTIPARAMETER	t ANALYSIS FOR PRE	Leroy Hood DICTIVE MEDICINE			066661-0021	7808
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0		\$1510	06/22/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
ZEMAN, MARY K 1631			702-019000				
 Change of correspond CFR 1.363). 	lence address or indicatio	n of "Fee Address" (37		he patent front page,		M-D	
	ondence address (or Cha B/122) attached.	or agents OR, alter	(i) the names of up to 3 registered patent attorneys of agents OR, alternatively,				
	dication (or "Fee Address 02 or more recent) attack	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r type)			
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assigned pletion of this form is NO	e data will appear on th OT a substitute for filing	e patent. If an assig an assignment.	gnee is ide	entified below, the de	ocument has been filed for
(A) NAME OF ASSI	(B) RESIDENCE: (C	: (CITY and STATE OR COUNTRY)					
Institute fo	or Systems Bi	ology	Seattle,	WA			
Please check the appropr	riate assignee category or	categories (will not be p	orinted on the patent):	☐ Individual 🙀	Corporatio	n or other private gro	up entity Government
la. The following fee(s) Issue Fee Publication Fee (f	Vo small entity discount p		Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by realit card. Form FTO-2038 is attached. ☑ The Director is hereby authorized to charge the expanying fee(s), any deficiency, or credit any overpayment, to Deposit Account Momber				
	tus (from status indicate						
	s SMALL ENTITY state		b. Applicant is no				
nterest as shown by the	records of the United Sta	ites Patent and Trademar	k Office.	an the applicant; a re	gistered at	tomey or agent; or th	e assignee or other party in
Authorized Signature	Debora	l H. Odo	na	DateJ	une 1	9, 2009	
Typed or printed name	·	L. Cadena		Registration			
This collection of inform in application. Confiden submitting the complete his form and/or suggest	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu	FR 1.311. The informat U.S.C. 122 and 37 CFF USPTO. Time will var rden, should be sent to t	ion is required to obtain 1.14. This collection is y depending upon the in the Chief Information O	or retain a benefit by estimated to take 12 dividual case. Any ficer, U.S. Patent an	the public minutes comments d Tradema	c which is to file (and to complete, including on the amount of tin ark Office, U.S. Depa	by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O.

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, F.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.